

No. 2  
4-13-40  
5-17-39  
D I X23159

Registration District No. 299

Primary Registration District No. 1002

18  
3  
8  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Kansas City  
 (c) Name of hospital or institution: 3437 Charlotte  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 months  
 In this community 2 months  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Norman Goedecker  
 (b) If veteran, name war No  
 (c) Social Security No. None

4. Sex Male  
 5. Color or race white  
 6. (a) Single, widowed, married, divorced, single  
 6. (b) Name of husband or wife  
 6. (c) Age of husband or wife if alive 4 years  
 7. Birth date of deceased Nov. 4, 1940  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 3 13 hr. min.

9. Birthplace St. Joseph, Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name Bernard Goedecker  
 13. Birthplace St. Joseph, Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Kathlene E. McDonald  
 15. Birthplace St. Joseph, Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Bernard Goedecker  
 (b) Address 3437 Charlotte St.

17. (a) Removal (b) Date thereof 2-18-1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Joseph, Mo.

18. (a) Signature of funeral director Freeman Mortuary  
 (b) Address 104 West 42nd St.

19. (a) 7/18/41 (b) M. M. Crowe  
 (Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3437 Charlotte  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 - day 17 1941  
 year hour minute M.

21. I hereby certify that I attended the deceased from 1-1-41  
2-17, 1941, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death:  
Thymic Hypoplasia  
Congenital Heart  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) 1576

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury Ⓢ  
 23. Signature Harry M. Kelly (M. D. or other)  
 Address 1624 Prof Blvd Date signed \_\_\_\_\_

Duration  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~.....

....., Registered Apprentice No. ....

..... working under my personal supervision.

Signed.....

*Clarence W. Chiles*

Licensed Embalmer No. ....

*3473*

P. O. Address.....

*56 E. Main*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**